SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT IND. DEP. IND. DEP. NĐ. DEP. IND. DEP. MD. DER DEP. IND. ī • ŧ ί TOTAL IND. TOTAL IND. -1 . _1 TOTAL DEP. TOTAL CLAIMS TOTAL DEP. A 14

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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